

## MATURE DRIVER VISION TEST

I hereby authorize (**PRINT DOCTOR'S FULL NAME**) \_\_\_\_\_  
to give me this vision examination and to submit this report to the Division of Driver Licenses.

\_\_\_\_\_  
Patient's Signature Driver License Number

\_\_\_\_\_  
Patient's Address (Street and Number) City, State Zip

I AM A LICENSED PHYSICIAN AUTHORIZED TO PRACTICE UNDER CHAPTER 458, 459,  
OR 463, FLORIDA STATUTES, AND CERTIFY THAT I HAVE PERSONALLY EXAMINED THE  
EYES OF

\_\_\_\_\_  
Patient's Name Date of Birth

AND THAT A TRUE RECORD OF THIS EXAMINATION APPEARS ON THE FORM BELOW,  
AND THAT SAID PATIENT SIGNED ABOVE IN MY PRESENCE.

Physician's License # \_\_\_\_\_ Signature of Physician \_\_\_\_\_

Date of Exam \_\_\_\_\_ Business Address \_\_\_\_\_

Date of this form not valid after Telephone \_\_\_\_\_  
(1) year from date of examination.

**NOTE: HSMV 72010 (Report of Eye Exam) must be completed by an eye specialist if:**

- 1) patient's visual acuity is 20/50 or worse in either eye, **OR**
  - 2) there is any indication of eye disease or injury that would affect patient's driving ability.
- This form is available at [www.flhsmv.gov](http://www.flhsmv.gov).

DISTANT VISION ONLY	Right Eye	Left Eye	Both Eyes
VISION UNCORRECTED	20/	20/	20/
VISION WITH BEST CORRECTION	20/	20/	20/

**This form may also be completed and transmitted to the department electronically (log onto [flhsmv.gov/Vision](http://flhsmv.gov/Vision)).**

FLORIDA MINIMUM VISUAL STANDARDS FOR LICENSING  
All drivers are required to have the best possible vision.

20/50 or worse in either eye with or without corrective lenses are referred to an eye specialist for possible improvement.

130 degrees is the minimum acceptable field of vision.

The use of telescopic lenses to meet visual standards is not recognized in Florida.